
[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS

JUL 31 2018

Clarence Anderson THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT 1:18-cv-05219 (Enter above the full name Judge Gary Feinerman of the plaintiff or plaintiffs in this action) Magistrate Judge Maria Valdez PC9 (To be supplied by the Clerk of this Court) OFC. Athanasaton, Medical Rafferty, C.C.D.O.C Directors (Enter above the full name of ALL defendants in this action. Do not use "et al.") **CHECK ONE ONLY:** COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code (state, county, or municipal defendants) COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code (federal defendants) **OTHER** (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plaint	tiff(s):
	A.	Name: Clarence Anderson
	B.	List all aliases: Clarence woods
	C.	Prisoner identification number: 20160130024
	D.	Place of present confinement: Cook County Jail
	E.	Address: P.O BOX, 084002 Chicago II 60608
	numbe	re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a te sheet of paper.)
II.	(In A position	dant(s): below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space o additional defendants is provided in B and C .)
	A.	Defendant: Fizgerald
		Title: Sat.
		Place of Employment: Cook County Jail Div-10
	B.	Defendant: Martinez
		Title: OFFicer
		Place of Employment: Cook county Jail Div-10
	C.	Defendant: Rafferty
		Title: Sct
		Place of Employment: Cook County Jail Div-10
		u have more than three defendants, then all additional defendants must be listed ling to the above format on a separate sheet of paper.)



Defendant(s):

II. A.D. DeFordant: Athanasaton

Title: Officer

Place of Employment: Cook county Jail Div-10

B. Defendant: Thomas Dart

Title: Sheriff of Cook Count

Place of Employment Cook Count

E. Defendant: Do not know the NAMES of the Directors

Title Directors

Place of employment cook count Jail

Defendant(s):

II.

A. Defendant; Green

Title: Lit

Place of Employment: Cook county Jail Div-10

B. Defendant: medical Staff

Title: medical Staff

Place of Employment: (ook County Jail Div-10

III.

Name of case and docket number: <u>Anderson</u> V Acce
Approximate date of filing lawsuit: 28 2014
List all plaintiffs (if you had co-plaintiffs), including any aliases: Clarence woods
List all defendants: Rocca, Miskell, Cannella, Pla Behanna, Victor thomas.
name the county):
Name of judge to whom case was assigned: Geraldine Soat
Basic claim made: Excessive Force
Disposition of this case (for example: Was the case dismissed? Was it applies it still pending?):
Settement

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.



III. List All lawsvits you (and your so-plaintiffs, if any) have filed in any state or rederal Court in the United States. A. Name of case and docket number: Anderson V. Thomas 2013-CV-6982 B. Approximate date of filing brussit: DU/ 16 2014 C. List all plaintiffs: Clarence Anderson D. List all defendants: Supt Victor thomas, Dr. Ledvora, Do not know other defendants name at this time. E, Court in which the lawsuit was filed: Northern Distoict f. Name of judge: Geraldine Sout Brown G. Basic claim made; Deliberate indifference H. Disposition of this case: Settement

I Approximate date of Disposition: Settement

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

on 3-22-18 the Nurse Came to Div-10-3-D to pass out medication. Mr. Anderson did not know at that time that the Nurse was on the not hear them call Last Call for medication hear out his left ear all. A inmate came Mr Hoderson that the Officer is Calling Last Call for medication. At this time Mr. Anderson got up form his seat and walk to the inner book to get his medication, making it to the inner lock the nurse was leaving. Mr. Anderson let Offices Martinez Know he didn't get his medication not hear then say Last Call. Officer Martinez Mr. Anderson Soying get out of the Defor I Posh you out At that fine Mr. Anderson ask for a White Shirt. cer martinez told Mr. Anderson and threater get out the Door way. holding his care asking to see a white shirt officer Martinez use Excessive Force by Push Mr. Anderson to the Hoor Causing Mr, Anderson to hit his head on the Floor and also injurying his back puting Mr. Anderson in a lot of pain. Mr. Anderson also injurying his right shoulder. As Mr. 4 Anderson layed on Revised 9/2007

The floor in pain for about 20 to 30 minutes the medical Staff Three malt medical Sat fizgerald Sat Rafferty and Officer unknow Officere Green Sof Fizgerald and Sof Shoulder is in a let of pain MG because of a inmate. Mr. Anderson They (Three male medical Anderson to get up. Mr. Anderson let them know trued to do that but Could not. The older member then Stated to Mr. Anderson that if he don't get up, he will leave Computer that Mr. Anderson Refuse medic attention derson then tryed again to get up but could not because of the three makes from Div 10 medical Staff then left leaving on the floor giving, Mr. Anderson No medical help. Anderson lay on the floor for another 20 to 30 minutes, Sat Rafferty five more officer (Officer Athanasaton an don't know name of other Officer) disciplinary/mental /medical needs. him in ignoring his pain Ferty and Sat Fiznerall the in a lot of pain Thomas Dart the Sheriff of Cook county and the Directors of cook county jail is responsible for the actions of the enployees / cook county sheriffs here in the cook county of



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[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

\mathbf{V}	Relie	F٠

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Granting plaintiff Anderson compensatory damaces in the amount of (\$ 500,000 Against each defendant, jointly and several), plaintiff also see recovery of their costs in this suit, and Any additional relief this count court deems Just proper and equitable.

VI. The plaintiff demands that the case be tried by a jury.

YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this June day of 72, 20 17

(Signature of plaintiff or plaintiffs)

Clarence Anderson
(Print name)

20(60130024
(I.D. Number)

POBOX 089002

Chicago II 60608



ExHibit's

- (1) Exhibit: "A" is on page . This is

 The Complaint plaintiff Wrote

 about the Excessive force and Deliberate

 indifference.
- @ Exhibit: B' is on page to This is a continunance of Exhibit "A"
- 3) Exhibit. "C" is on page to This is also a Continunance of Exhibit "A"
- @ Exhibit: D'is on page to This is the inmerte Request for on Appeal Showing that he exhaust administrativa remedies.

SEATISTIE is on page 18

- (3) Exhibit: "E" is on page #12 This is a complaint
 That Mr Anderson put in about his physical
 disabilit (being deaf in his left ear)
- @ Exhibit: "is on page This is the Response to Exhibit ""





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(Oficina del Alguacil del Condado de Cook)

03424	0	Z	0

CONTROL#

INMATE ID#

	Formulario de Queja del F	Preso)	034240	20 000
		Y INMATE SERVICES STAFF OI	NLY! (! Para ser llenad	o solo por el personal de Inmate Services !)
☐ Emergency Griev	vance		☐ Cermak Health Serv	ices
☐ Grievance	Priorrange	1	☐ Superintendent:	
□ Non-Compliant (orievance		Other:	
PRINT - INMATE LAST NAM	E (Apellido del Preso):	PRINT - FIRST NAME (Primer	Nombre):	INMATE BOOKING NUMBER (# de identificación del Preso)
1 10-	70.1	China		2016213-201
DIVISION (División):		LIVING UNIT (Unidad):	1	DATE (Fecha):
8	RTU		309	3-22-18
	GRIE	EVANCE GUIDELINES AN	D SUMMARY OF COM	MPLAINT
The grieved issue must hat sexual assault, harassment The grieved issue must not The grievance form must not The grievance issue must not be a gueja no pudesignación de la queja no pudesignaciones de acoso sexua (TRC/CRW). El asunto de la queja no puel a sunto de la queja no puel a sunto de la queja no pulos 15 días calendarios. El asunto de la queja no pula solitud de la queja no pula soli	voyeurism, or abuse no time limbe a repeat submission of a griev be a repeat submission of a griev be a repeat submission of a griev be a repeat submission of a griev contain offensive or harassing last contain more than one issue. The pertain to non-jail related contain to non-jai	alendar days unless the allegation is nits exist. If you believe an exception wance collected within the last 15 cale wance that previously received a responsive that previously receiv	applies please see a CRW (Corrected and a second and was appealed. Conse and was appealed. Conse and you chose not to appeal and the second and a second a second and a second a second and a second a se	at outlying hospitals, etc. QUEJA ser apelado y/o agotar todos los remedios posibles. del departamento. Clasificación del preso incluyendo s disciplinarias para los presos. ual, hostigamiento, voyerismo, o abuso. Si la queja incluye hable o vea a un Trabajador de Rehabilitación Correccional
hospitales periféricos, etc. REQUIRED - DATE OF INCIDENT	REQUIRED - TIME OF INCIDENT			
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SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

(FCN-40a)(AUG 16)

SIGNATURE:

DATEREVIEWED:



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\/	INMATE GRIEVANCI (Formulario de Queja del Pl	- 00		
		Y INMATE SERVICES STAFF OF	NLY! (! Para ser llena	do solo por el personal de Inmate Services !)
☐ Emergency Griev	/ance		☐ Cermak Health Ser	vices
☐ Grievance			☐ Superintendent:	
☐ Non-Compliant (Grievance		Other:	
PRINT - INMATE LAST NAM	E (Apellido del Preso):	PRINT - FIRST NAME (Primer	Nombre):	INMATE BOOKING NUMBER (# de identificación del detenido)
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DIVISION (División):	d atil	LIVING UNIT (Unidad):	26	DATE (Fecha):
	P KI		39	3-22-18
9. 1 PRO 1 P		VANCE GUIDELINES AN		
				e appealed and/or to exhaust remedies. including designation of an inmate as a security risk or protective
custody inmate, or decision	ns of the inmate disciplinary heari	ings officer.		
		its exist. If you believe an exception is		oyeurism, or abuse. If the grievance includes an allegation of tional Rehabilitation Worker.)
		ance collected within the last 15 cale ance that previously received a respo		
The grieved issue must not	be a repeat submission of a grieva	ance that previously received a response		l the response within 15 calendar days
	contain offensive or harassing lan ot contain more than one issue.	iguage.		
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				INES AND SUMMARY OF COMPLAINT) a ser apelado y/o agotar todos los remedios posibles.
El asunto de la queja no pu	ede ser ninguno de los siguientes	temas, que no se consideran quejas	formales: formulación de reglas	del departamento. Clasificación del preso incluyendo
		dia de protección para los presos, o d áltimos 15 días calendarías a menos d		as disciplinarias para los presos. kual, hostigamiento, voyerismo, o abuso. Si la queja incluye
acusaciones de acoso sexua (TRC/CRW).	al, hostigamiento, voyerismo, o al	buso, no existe tiempo límite. Si uste	d cree que existe una excepción	, hable o vea a un Trabajador de Rehabilitación Correccional
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los 15 días calendarios.	ede ser una repetición de una que	eja previamente reciba y la cual ya n	a recibo una respuesta y usted r	ecibida no someter una apelación sobre la decisión dada en
	ede contener lenguaje ofensivo o uede contener más de un asunto.	amenazante		
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hospitales periféricos, etc.				
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(FCN-40a)(AUG 16)

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

(WHITE COPY - INMATE SERVICES YELLOW-EOPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE)



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(Oficina del Alguacil del Condado de Cook)

CONTROL#	INMATE ID #

\/	NMATE GRIEVANCE I Formulario de Queja del Pres	- 0		
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☐ Emergency Griev			☐ Cermak Health Servic	
☐ Grievance			☐ Superintendent:	
☐ Non-Compliant G	irievance		Other:	
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Holers,	nd	Clarence	- Com	DATE (Fecha):
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(FCN-40a)(AUG 16)

(WHITE COPY - INMATE SERVICES

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE)

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COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

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CONTROL NUMBER	INMATE #		
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GRIEVANCE ISSUE AS	DETERMINED BY CRW:	250	D. 000	ndulat	Phu	2000) 6.	-
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ш	1	TH	IS SECTION IS TO BE COMP	LETED BY <u>INMATE!</u>			
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Z	Pares. 1				3 13	3118	ATE
	ı	NMATE'S REOU	EST FOR AN APPEAL (Soi	licitud de Anelación de	l Preso)		
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		**			THE REAL PROPERTY.		
			appeals must be made within 1		the inmate re	ceived the response. An	
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			e enviar en todos los casos a fil			respues de que el recluso) BE
• Indep	pendent of the CCDOC p	rocedure and after	receiving an appeal decision,	if you are dissatisfied with	the outcome, y		6
griev 6279		artment of Correction	ons, Jail and Detention Standa	rds Unit, 1301 Concordia C	ourt, P.O. Box 1	9277, Springfield Illinois	₹ P
		el procedimiento de	el CCDOC, y tras recibir la resol	ución de una apelación, si	no está satisfec	ho con el desenlace, debe	TO BE COMPLETED BY
envia	ar la queja de la apelació		ment of Corrections, Jail and D				ED B
o sprin	gfield Illinois 62794.)	EST FOR AN ARI	PEAL: (Fecha de la solicito	id do la anolación del	3	,72,18	34
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INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue

INMATE

INMATE



Case: 1:18-cv-05219 Document #: 6 Filed: 09/04/18 Page 14 of 16 PageID #:44

(Oficina del Alguacil del Condado de Cook) **CONTROL#** INMATE GRIEVANCE FORM (Formulario de Queja del Preso) THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY! ·(! Para ser llenado solo por el personal de Inmate Services !) ☐ Cermak Health Services ☐ Emergency Grievance ☐ Superintendent: ☐ Grievance ☐ Other: ☐ Non-Compliant Grievance PRINT - INMATE LAST NAME (Apellido del Preso): PRINT - FIRST NAME (Primer Nombre): INMATE BOOKING NUMBER (# de identificación del Preso) 20/60/30029 **GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT** Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer. The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.) The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days. The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed. The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days The grieved issue must not contain offensive or harassing language. The grievance form must not contain more than one issue. The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc **DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA** El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos. El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarías a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW). El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios. El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada. El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibo una respuesta y usted recibida no someter una apelación sobre la decisión dada en El asunto de la queja no puede contener lenguaje ofensivo o amenazante La solitud de la queja no puede contener más de un asunto. El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc. REQUIRED -REQUIRED -RECUIRED -RECHIRED -DATE OF INCIDENT SPECIFIC LOCATION OF INCIDENT NAME and/or IDENTIFIER(S) OF ACCUSED TIME OF INCIDENT (Nombre y/o Identificación del Acusado) (Fecha del Incidente) (Horad del Incidente) (Lugar Específico del Incidente) NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: INMATE SIGNATURE: (Firma del Preso): (Nombre del personal o presos que tengan información:) SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION. SIGNATURE: DATECRW/PLATOONCOUNSELOR RECIEVED: SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): SIGNATURE: DATEREVIEWED:

V COPY - CRW/PLATOON COUNSELOR)

(FCN-40a)(AUG 16)

COOK COUNTY SHERIFF'S OFFICE #: 6 Filed: 09/04/18 Page 15 of 16 PageID #:45

(Oficina del Alguacil del Condado de Cook)

NON-COMPLIANT GRIEVANCE RESPONSE FORM

(Interno no Queja Solicitad Respuesta)		
PRINT - INMATE LAST NAME (Apellido del Preso):	INMATE INFORMATION PRINT - FIRST NAME (Primer Nombre):	INMATE BOOKING NUMBER (# de identificación del Preso)
VAINE (Appelling del l'eso).	7)/22	2011/12/10/21
der on	CIARCACC	40160130084
DIVISION (División):	LIVING UNIT (Unidad):	INMATE'S GRIEVANCE FORM DATE (Fecha):
6	dD.	3/28/17
INMATE # (SHORT #) (# Del Preso (# corto)):	GRIEVANCE CODE (Código de Queja)	DETERMINED BY C.R.W. (determinado por el T.R.C/ C.R.W.)
0282724	400	
REASONS FOR GRIEVANCE NON-COMPLIANCE AND/OR ACTION REQUIRED RESPONSE		
Your grieved issue is not being processed due to the checked area(s) below. This grieved issue will not be assigned a control #, cannot be appealed		
and remedies cannot be exhausted		
The grieved issue is one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.		
☐ The grieved issue did not occur within the last 15 calendar days nor is it an allegation is of sexual assault, harassment, voyeurism, or abuse. If you believe an		
exception applies please see a CRW (Correctional Rehabilitation Worker.)		
☐ The grieved issue is a repeat submission of a grievance collected within the last 15 calendar days. ☐ The grieved issue is a repeat submission of a grievance that previously received a response and was appealed.		
☐ The grieved issue is repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days		
□ Offensive or harassing language was used		
☐ The grievance form contains more than one issue. ☐ The grievance issue pertains to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.		
□ Other reason not listed		
RAZÓN PORQUE LA QUEJA NO ES CONFORME Y/O ACCIÓN REQUERIDA °		
El asunto quejado no se está procesando por las siguientes razones que están marcadas debajo. El asunto quejado no se le asignará un número de		
control, no puede ser apelado y los remedios no se pueden agotar.		
☐ El asunto de la queja es uno de los siguientes temas, que no se consideran quejas formales: Formulación de reglas del departamento, clasificación del		
detenido incluyendo designación del detenido, tal como riesgo de seguridad o custodia de protección para los detenidos, o decisiones del oficial de audiencias disciplinarias para los detenidos.		
☐ El asunto de la queja debe haber ocurrido dentro de los 15 días calendario, y no se trata de acoso sexual, hostigamiento, voyerismo, o abuso. Si usted cree		
que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).		
☐ El asunto de la queja no debe ser repetido de una queja que fue sometido dentro los 15 días calendarios. ☐ El asunto de la queja es una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta o ya ha sido apelada.		
☐ El asunto de la queja es una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decidió no someter una apelación		
sobre la decisión dada en los 15 días calendario.		
☐ El asunto de la queja contiene lenguaje ofensivo o amenazante. ☐ La solitud de la queja contiene más de un asunto.		
☐ El asunto de la queja corresponde asuntos no relacionados con la cárcel, tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o		
empleados médicos de hospitales periféricos, etc. Un otra razón A de		
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of AN insente AS A Schoty hish of photostive custody investite		
Oh discipioned heathing officer!. The seconds State has been		
Notified at the sures stated issues! ADA Compliance officed		
has Also been Notified.		
NAME OF INDIVIDUAL RESPONDING (Nombre del personal o presos que tengan información:)	SIGNATURE OF INDIVIDUAL RESPONDING (Firma del personal o presos que tengan información)	DATE (Fecha):
1-1, 11	1 1-1/2	2/2/29
Chiel VAIGHA	Chul Vagna	2/30///
NMATE SÍGNATURE		
INMATE'S SIGNATURE OF RECEIPT (Firma de recibo del preso):	DATE RESPONSE RECEIVED (F	echa de recibo de respuesta):
- material and		

(FCN-40c)(AUG 16)

Clarence Anderson Case: 1:18-cv-05219 Document #: 6 Filed: 09/04/18 Page 16 of 16 Page 15/4 # 2016 013 0024

P.O. BOX 089002

Chicago IC, 60608



United States District Court
Z19 S. Dearborn Street 20th Floor
Chicago IL 60604



1:18-cv-05219 Judge Gary Feinerman Magistrate Judge Maria Valdez PC 9

2018 JUL 31 AM 9: 18